

2018 SANP REGISTRATION RENEWAL FORM

Please complete this form in full and return it, along with payment of the applicable registration fee, by **Wednesday January 31st, 2018**. Registration renewals received at the office **after 5:00 pm Wednesday January 31st, 2018 will be considered late** and will be **subject to \$100.00 late fees**. **Do not fax** your registration renewal form to the Registrar's Office. An incomplete form will be returned to the Registrant.

Please make your cheque payable to the SANP. (N.S.F. cheques will be subject to a \$50.00 administrative fee.) We cannot accept cash for payment. Please send your cheque and completed Registration Renewal form to:

**The SANP Registrar's Office
2706 13th Avenue
Regina, SK
S4T 1N3**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Are you:	<input type="checkbox"/> Renewing your membership, License # _____ <input type="checkbox"/> Applying for new membership
Name:	_____ <i>Surname</i> <i>First</i> <i>Middle</i>
Year First Licensed with the SANP:	_____
CE Submitting Period:	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years (Based on registration year)
Office Address:	_____ <i>Street No. / P.O. Box</i> <i>Suite No.</i> _____ <i>City</i> <i>Province</i> <i>Postal Code</i> _____ (____) _____ (____) _____ (____) _____ <i>Work Phone</i> <i>Other Phone</i> <i>Fax</i> _____ <i>Work Email</i> <input type="checkbox"/> (check if preferred address for official SANP correspondence)
Personal Home Address:	_____ <i>Street No. / P.O. Box</i> <i>Suite No.</i> _____ <i>City</i> <i>Province</i> <i>Postal Code</i> _____ (____) _____ (____) _____ (____) _____ <i>Home Phone</i> <i>Cell Phone</i> <i>Fax</i> _____ <i>Personal Email</i> <input type="checkbox"/> (check if preferred address for official SANP correspondence)

**Saskatchewan Association of Naturopathic Practitioners
2018 Registration Renewal Form**

List any additional addresses where you provide the services of naturopathic medicine.	
Please list any areas of special focus in your practice that you would like listed on the SANP website.	
Languages spoken (to list on SANP website):	
CPR: <i>Level C or Health Care Provider Level renewed every 2 years</i>	CPR Provider/Level: _____ Date last renewed: _____ <i>Proof required – please attach valid CPR certificate</i>
Malpractice Insurance: <i>Minimum liability of: \$2,000,000 (\$3,000,000 for IV or Prescribing Certification holders)</i>	Carrier: _____ Policy Number: _____ Extent of Coverage (\$): _____ <i>Proof required – please attach</i>
Emergency Training: <i>ACLS or other Board-approved course (For IV Certification holders every 3 years)</i>	Course: _____ Date last renewed: _____ <i>Proof required – please attach emergency training certificate</i>

Select all membership types that are applicable to your practice.
Total the fees to be submitted and mailed in along with your application.

√	SANP Membership Type	FEE
	SANP Active Member*	\$950.00
	Active Member Unregulated Province	\$950.00
	Associate (non-practicing)	\$550.00
	IV Certification	\$400.00
	Prescriptive Authority	\$200.00
√	CAND Ad Campaign (mandatory)	\$150.00
TOTAL		

**Note there are no longer fees based on year graduated. The SANP board voted to have one Active member fee effective this registration year.*

**Saskatchewan Association of Naturopathic Practitioners
2018 Registration Renewal Form**

Name: _____ **Registration #:** _____

TESTAMENT TO MORAL CHARACTER & FITNESS TO PRACTICE <i>Please answer the following questions "Yes" or "No"</i>	
Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada and/or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outstanding or pending civil or criminal proceedings against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Saskatchewan and/or any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever agreed to a settlement to avoid any proceedings or disciplinary action in respect to your professional conduct, competence or capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever engaged in the practice of naturopathy or held yourself out to be a naturopathic physician without having been duly licensed, certified or registered by the regulatory body in the jurisdiction where this act occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "YES" to any of the above questions, please explain (use a separate page if necessary):	
<hr/> <hr/> <hr/> <hr/> <hr/>	

I declare the information as recorded on this registration form to be true and complete.

Signature: _____ **Date:** _____

Please note that signing a document that you know to be false or misleading is considered professional misconduct and may result in disciplinary action by the Board.

Please return this form to the SANP registrar with the appropriate fees.

CONTINUING EDUCATION SUMMARY SHEET - For 2016-2017

Name: _____ **Registration #:** _____

Course/Seminar Title	Name of Education Provider with Qualifications	Date	#CE Hours

**APPLICATION FORM FOR ACKNOWLEDGEMENT OF
PRESCRIPTIVE EDUCATION**

This application is to acknowledge completion of the Therapeutics Education Collaboration (TEC) Naturopathic Doctors Therapeutic Course and Examination for the purpose of aiding grandfathering for future prescriptive authority. This is not an application for prescriptive authority, and is not for the purpose of approving certification. Please note that as soon as the new Naturopathy Act becomes in effect, any naturopathic doctor performing intravenous therapies will be required to have completed prescriptive education and examination.

I, _____, declare that:

Name of Applicant

TESTAMENT TO MORAL CHARACTER & FITNESS TO PRACTICE <i>Please answer the following questions "Yes" or "No"</i>	
I have completed and passed the course and examination in prescribing that was administered by TEC in either BC, Alberta, or Ontario. (Attach proof of course registration and exam results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course in Advanced Emergency Medicine within the past three years. (Attach a copy of course completion certificate.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to fulfill continuing education requirements for Pharmacy credits as dictated in the continuing education policy of the SANP. (If your TEC course and examination were completed in 2014 or earlier, please include proof of CE using the Category F Summary Sheet or provide proof of valid Prescriptive Authority Certification from BC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I may not prescribe drugs, no current system exists for prescribing controlled substances in Saskatchewan, and that the purpose of this form is tracking for the purpose of grandfathering applicants once legislation allows prescribing by NDs in Saskatchewan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agreed to remit the Prescribing Authority registration fee of \$200 with my annual registration renewal package.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature

Date (yyyy/mm/dd)

**ANNUAL RENEWAL FOR CERTIFICATION TO PRACTICE
IV THERAPY IN SASKATCHEWAN**

I, _____, declare that:

Name of Applicant

TESTAMENT TO MORAL CHARACTER & FITNESS TO PRACTICE <i>Please answer the following questions "Yes" or "No"</i>	
I have completed a board approved course in IV Therapy and passed the examination for IV Therapy certification in another province. (For new applicants - Attach proof of course completion and exam results or proof of valid certification in other jurisdiction)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course in Advanced Emergency Medicine within the past three years. (Attach a copy of course completion certificate.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to fulfill continuing education requirements for IV Therapy credits as dictated in the IV Therapy Policy and Continuing Education Policy of the SANP. (Please submit 10 hours of IV CE on the summary sheet provided for this 2 year reporting period. The new CE policy will replace this procedure for your next reporting period.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to practice IV therapy safely, within my scope of confidence, and abide by the SANP IV Therapy Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to complete the Annual Self-Audit Checklist honestly and promptly remedy any deficiencies found.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agreed to remit the IV Therapy Certification fee of \$400 with my annual registration renewal package.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature

Date (yyyy/mm/dd)

I.V. THERAPY CONTINUING EDUCATION – For 2016-2017

Name: _____ **Registration #:** _____

Attach proof of completion of a minimum of 10 hours within any two calendar years - courses must be Board-approved and are in addition to I.V. emergency training, CPR re-certification and the total number of continuing education hours required for all members.

Course Title	Name of Education Provider	Date Taken	#CE Hours

IV THERAPY SELF-AUDIT CHECKLIST – For 2017

Name: _____ **Registration #:** _____

Please initial items to indicate your compliance with each requirement.

REQUIRED ON-HAND EQUIPMENT AND SUPPLIES:

- ___ Oxygen tank with regulator and nasal cannula or mask
- ___ AED
- ___ Epinephrine ampoules and needles or an epi-pen
- ___ Magnesium chloride and/or magnesium sulphate - 50ml vial
- ___ Calcium gluconate or calcium chloride - 50ml vial
- ___ Dextrose 50% - 50 ml vial and/or D5W 500ml bag
- ___ Benadryl oral liquid or tablets
- ___ Aspirin tablets (chewable)
- ___ Surgical gloves (non-latex)
- ___ Micropore tape
- ___ Alcohol swabs
- ___ Band-Aids
- ___ Scissors
- ___ Gauze and cotton swabs
- ___ Surgical steel clamping forceps
- ___ Tourniquet
- ___ Angiocath
- ___ Infusion set winged
- ___ Y port infusion set
- ___ Assorted needles and syringes, ie. 1,3,30,60 ml and 18,20,22,25g
- ___ Juice and snack and/or dextrose tablets
- ___ Notebook – for vitals, meds given, etc – transfer of care
- ___ Pen
- ___ Emergency supplies checklist signed that dates are good and products in working order
- ___ Biohazard/Sharps disposal containers
- ___ IV bags - sterile carrier solutions
- ___ Sterile solutions for injection
- ___ Hot and cold compresses
- ___ Stethoscope
- ___ Sphygmomanometer

ADDITIONAL RECOMMENDED SUPPLIES:

- ___ Ammonia inhalants/smelling salts
- ___ Heparin
- ___ Nitrospray and/or nitro pills
- ___ Lasix
- ___ Bag valve mask and assorted size airways
- ___ Water-soluble gel (xylocaine gel)
- ___ Rescue remedy
- ___ Pulse oximeter/heart rate monitor

**Saskatchewan Association of Naturopathic Practitioners
2018 Registration Renewal Form**

Name: _____ Registration #: _____

IV FACILITY REQUIREMENTS:

- ___ Separate refrigerator for injectables
- ___ Lockable storage for all IV supplies
- ___ IV supplies stored at required temperature and away from light
- ___ All supplies readily accessible in the IV procedure room
- ___ Procedure room with appropriate lighting, temperature control and ventilation
- ___ Procedure room easily accessible to emergency personnel
- ___ Appropriate chairs or tables for performing IV therapy
- ___ Clean work surface for preparing IV solutions
- ___ Biohazard containers secured when not in use
- ___ Emergency supplies located in the procedure room
- ___ Telephone to activate emergency services if needed
- ___ '911' and other local emergency numbers posted next to the telephone
- ___ Emergency plan posted in the procedure room

EMERGENCY PREPAREDNESS AND QUALITY ASSURANCE:

- ___ Emergency plan indicating task to be performed and by whom
- ___ Emergency plan indicates best way to exit the building
- ___ Emergency plan includes directions for what to tell emergency personnel so they can find the street, building, and procedure room
- ___ Monthly review of emergency plan with staff and appropriately modified as needed
- ___ Monthly review of emergency kit supplies
- ___ Monthly review of IV supply inventory for expiry dates

NEW POLICIES AND PROCEDURES

Continuing Education

The following Categories of CE distribution are in effect for 2017-2018. Please find these CE tracking sheets for the coming year and not to be used for the 2016-2017 period. These do not need to be submitted to SANP Registrar until 2019 renewal.

The Saskatchewan Association of Naturopathic Practitioners has established the following criteria for the Continuing Education (CE) of Naturopathic Doctors in Saskatchewan. CE is viewed as one of the important criteria for maintaining high professional standards in Naturopathic healthcare and for assuring the public of the continuing professional competency of Naturopathic Doctors. This also serves to protect the public and is mandated by our bylaws. This policy will come into effect in the year 2016. As a condition for Registration Renewal beginning with the 2017 registration year, all Naturopathic Doctors will be required to demonstrate that they have met these CE requirements.

Evidence based measurement should be used where possible to assure desired competencies have been assimilated. This is also seen as a direction of other Health Professions across North America focusing on Continual Quality Improvement initiatives.

The SANP requires its registrants to complete a minimum of 40 hours of continuing education over each 2-year CE period, including 2 hours for each certification area. This requirement can be fulfilled by having all the 40 hours drawn from a combination of categories A, B, C, D and E. An additional 10 hours from category F are required for those registrants who hold certification in Prescriptive Authority.

Category A – Regulatory Participation - A required minimum of 5 hours

1. SANP AGM
2. CAND AGM or AGM of any other provincial ND college or association
3. Maximum five (5) hours of CE will be given to Board members (SANP, CAND) per year
4. Five (5) hours will be given to Chairs of Committees of the Council per year
5. Three (3) hours given to people in Committees (per Committee) per year

Category B – Core Naturopathic Education - A required minimum of 15 hours from any educational seminar offered by any recognized naturopathic organization such as the SANP, BCNA, CNPBC, CAND, NWA, ONA, AANP, NWNCM, and other official provincial, college or state associations

Balance of required hours: After meeting the minimum hour requirements in the Categories A and B above, registrants may receive CE credits for the remaining 20 required CE hours from any of the categories (A, B, C, D OR E) that they choose as appropriate for their personal professional development needs. Category E credits must be submitted by those registrants with certification designations.

Category C – Additional Clinical Education – including:

- Seminars sponsored by any other medical and professional organizations such as chiropractic, medical, nursing, psychology, acupuncture, etc.
- Nutraceutical and pharmaceutical company sponsored educational seminars
- Teleconference, web-conference, video and audio recordings of seminars, computer-based learning programs and all other distant-learning programs

Please provide proof of completion that includes: title of seminar taken, name and qualifications of presenter, date seminar was taken, CE hours obtained.

Category D – Mentoring and Business Development Activities – hours are given on the basis of one hour for each 2 hours of activity. Preceptorships will be awarded 2 hours per day of preceptoring.

- Teaching: Naturopathic doctors offering courses or workshops to either the public or professionals
- Preceptors or Preceptorships: This represents taking on a preceptor student or preceptoring with another health professional
- Personal and Business Development courses related to business, office management, accounting, financial management, communication skills, leadership development, public speaking and related topics

Please provide proof of preceptoring that includes: name and signature of preceptor, date and hours of preceptorship, CE hours obtained.

Category E – Additional Certifications – For those registrants with certification designations, an additional 2 hours of CE is required for each certification area every 2 years. These can be counted towards the 40 total hours needed.

These certification designations currently include:

IV therapy (which in the future may include: acupuncture, ozone, hyperbaric oxygen therapy, prolotherapy, hyperthermia, etc.)

Learning methods include courses, seminars, workshops, any distance learning methodology and self-study provided appropriate documentation is provided for all hours.

Category F – Prescriptive Authority Certification – 10 hours every 2 years

Registrants who are certified in prescribing authority are required to obtain 10 additional hours per 2 year CE period over and above the 40 hours required by all registrants. Registrants who take the pharmacy training and obtain certification are not required these 10 hours until the next 2 year CE period. These pharmacy training hours may not be used towards the 40 hours needed by all registrants. Registrants taking the 10 hours in a single pharmacy topic (eg. Bio-identical Hormones) may only use that category once and need to take other topics in the future. It is permissible to take the same topic again if it is part of a multi-topic pharmacy review.

**Saskatchewan Association of Naturopathic Practitioners
2018 Registration Renewal Form**

GENERAL

It is the registrant's responsibility to provide the SANP with all the detailed information regarding the above as well as proof of seminar attendance. Seminars, meetings and approved CE functions require the submission of an official SANP CE Verification Form. If you are in doubt as to the acceptability of your hours, pre-approval is necessary. Without advanced approval, CE credit may not be granted post hoc.

It is the registrant's responsibility to ensure that all continuing education hours are submitted and recorded with the SANP. Keep photocopies for your own records. Should a discrepancy be present, it is the registrant's responsibility to notify the SANP and provide documentation of the corrected hours. To receive credit for CE hours, please submit a copy of the seminar outline, proof of registration and attendance or the appropriate CE Verification Form with your annual renewal package. (Remember to keep photocopies for your own records in case of discrepancies).

CE hours for all categories except D are granted **on an hour per hour basis** (e.g.: if a course/meeting is 5 hours, 5 hours of CE are granted), as determined by the seminar outline. If the seminar goes overtime, you will only be credited for the hours stated in the seminar brochure.

For those registrants who have failed to fulfill their continuing education requirements, the following penalties will apply:

1. For those Members who have failed to fulfill their CE requirements, the outstanding credit hours must be completed within the first four (4) months of the subsequent CE period, and the Member must pay \$50.00 per each outstanding hour to a maximum administration fee of \$250.00.
2. If more than 20 hours are outstanding, this results in immediate referral to the Registrar. This may in turn result in referral to the Board for licensing restriction.
3. If compliance with the above penalties does not occur within the time specified, the registrant's name will be forwarded to the SANP Board for suspension of their license to practice.
4. In the instance of a discrepancy between a member and the SANP office, the matter will be referred to the CE Committee for resolution.

NEW REGISTRANTS

No CE is required for Naturopathic Doctors renewing their Registration for the first time. For example, if a recent graduate registered in 2017, their first registration renewal would be for January, 2018. Their first period of reporting for CE would be for January 2020. In the case of maternity/parental leave an allowance of one-half of the total credit hours for the period is granted. This allowance may be granted in other exceptional circumstances as approved by the SANP Board/CE Committee. A written request to the Registrar's office should be made for reduced CE credit allowance as soon as the exceptional circumstance or parental leave is known.

2017-2018 CONTINUING EDUCATION SUMMARY SHEET- CATEGORY A

Name: _____ Registration #: _____

Category A: Regulatory Participation

This category includes AGM meeting attendance and Board/Committee involvement.

Minimum 5 hours per 2 years

Group	Meeting/Committee Activity	Date	#CE Hours

2017-2018 CONTINUING EDUCATION SUMMARY SHEET- CATEGORY B

Name: _____ **Registration #:** _____

Category B: Core Naturopathic Education

This category includes activities related to core scope of practice and maintaining high professional standards offered by any recognized naturopathic college or association. Please attach official proof of conference attendance.

Minimum 15 hours per 2 years

Hosting Organization	Conference Title/Focus	Date Taken	#CE Hours

2017-2018 CONTINUING EDUCATION SUMMARY SHEET- CATEGORY C

Name: _____ **Registration #:** _____

Category C: Additional Clinical Education

This category includes seminars by other organizations other than ND, webinars, teleconferences, etc.

Course/Seminar Title	Name of Education Provider with Qualifications	Date Taken	#CE Hours

2017-2018 CONTINUING EDUCATION SUMMARY SHEET- CATEGORY D

Name: _____ **Registration #:** _____

Category D: Mentoring and Business Development Activities

This category includes teaching, preceptorship, and business classes.

One hour for each 2 hours of activity with the exception of preceptorships which will be awarded 2 hours per day of preceptoring.

Activity/ Course Title	Name (and signature) of Preceptor/Name of Presenter with Qualifications	Date and Time	#CE Hours

2017-2018 CONTINUING EDUCATION SUMMARY SHEET- CATEGORY E

Name: _____ Registration #: _____

Category E: Additional Certifications

This category includes additional certifications such as acupuncture, IV, hyperthermia, prolotherapy, etc.

Minimum of 2 hours per additional certification

Course/Seminar	Name of Education Provider with Qualifications	Date Taken	#CE Hours

2017-2018 CONTINUING EDUCATION SUMMARY SHEET- CATEGORY F

Name: _____ **Registration #:** _____

Category F: Prescriptive Authority Certification

This category includes pharmacy continuing education.

Minimum 10 hours per 2 years

Registrants taking the 10 hours in a single pharmacy topic (eg. Bio-identical Hormones) may only use that category once and need to take other topics in the future. It is permissible to take the same topic again if it is part of a multi-topic pharmacy review.

Course/ Seminar Title	Name of Education Provider with Qualifications	Date Taken	#CE Hours